PTO/SB/08A (08-03)

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Complete if Known Substitute for form 1449/PTO **Application Number** Filing Date INFORMATION DISCLOSURE First Named Inventor STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) Examiner Name Attorney Docket Number

U. S. PATENT DOCUMENTS  Examiner   Cite   Document Number   Publication Date   Name of Patentee or   Pages, Columns,					
examiner Initials*	No.1	Document Number  Number-Kind Code <sup>2 (f known)</sup>	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	MM-DD-YYYY			ī
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
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